

MISSOURI DIVISION OF HEALTH - STANDARD-CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6545-62-024768

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED JUL 12 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in lb
5 Weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Jewish HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louisc. CITY
OR
TOWN Wellston (14)Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
6212 Lenox Ave.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Emma

Middle

Kalberkamp

Last

James

4. DATE
OF
DEATHMonth
July

Day

1

Year

1962

5. SEX
F.6. COLOR OR RACE
W.7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒8. DATE OF BIRTH
10/9/18849. AGE (last birthday)
77IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Retired Seamstress10b. KIND OF BUSINESS OR INDUSTRY
Dress Manufacturer11. BIRTHPLACE (City and state or country)
Centralia, Illinois12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Henry Kalberkamp

13b. MOTHER'S MAIDEN NAME

Anna Fuechtenkamp

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Mary Lee Hughey 1520 Cutter Ave. (10)

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCTION

INTERVAL BETWEEN
ONSET AND DEATH
1 mo.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

ARTERIO SCLEROTIC HEART DIS-

YEARS.

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/24/1950 to 7/1/62 and last saw her alive on 7/1/62
Death occurred at 5:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

150 N. Meramec
Centralia, Mo.

22c. DATE SIGNED

7/2/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

July 3, 1962

23c. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Alexander & Sons, 6175 Delmar Blvd.

25. DATE RECD. BY LOCAL REG.

JUL 3 1962

26. REGISTRAR'S SIGNATURE

Heal Smith MD

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

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240433

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64

Dr. David Feildman
150 N. Meramec

Phone PA 6-2611

(In office until 1:30 P.M.)

AUG 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James McCulloch

Licensed Embalmer No. 2462

P. O. Address 6130th Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.